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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 18

Application Number	10/812,113
Filing Date	March 29, 2004
First Named Inventor	Ming Li
Art Unit	1725
Examiner Name	Elve, Maria Alexandra
Attorney Docket No.	MATB-401US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RETURN RECEIPT POSTCARD
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Lowell L. Carson		
Date	January 12, 2007	Registration No.	48,548

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:**

Signature			
Typed or Printed Name	Kathleen Spina	Date	January 12, 2007

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Appln. No.: 10/812,113
Amendment Dated January 12, 2007
Reply to Office Action of October 12, 2006

MATB-401US



Appln. No: 10/812,113
Applicant: Ming Li
Filed: March 29, 2004
Title: METHOD AND APPARATUS OF DRILLING HIGH DENSITY SUBMICRON CAVITIES USING PARALLEL LASER BEAMS
T.C./A.U.: 1725
Examiner: Elve, Maria Alexandra
Confirmation No.: 1523
Docket No.: MATB-401US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated October 12, 2006, please amend the above-identified application as follows:

- ☒ **Amendments to the Specification** begin on page 2 of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 14 of this paper.